ANNEX 2 — REQUEST FOR INTERIM ALLOWANCE

FEES:

Applicant_____ Representing 1. Interim Fee Request Number 2. Interim Period Involved to _____ Hours of Services Performed this Period 3. 4. Total Interim Fee Allowances to Date 5. Interim Fee Request this Period 6. Average Hourly Rate this Period 7. Any Uncredited Retainer as of this Date **EXPENSES:** 1. Interim Expense Request Number 2. Total Expense Reimbursements to Date 3. Interim Expense Request this Period 4. Breakdown of Item No. 3 Total: a. Travel Expense \$_____ b. Postage \$_____ c. Photocopies (max. 10¢/pg.) d. Express Mail/Messenger e. Overtime Charges f. Other Expenses (Itemize):